

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

Jillian A. Cawkins

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Lieutenant Ara Kimbrough &  
Bucks County Jail

**COMPLAINT**

Jury Trial:  Yes  No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name
	Street Address
	County, City
	State & Zip Code
	Telephone Number

Jillian Cawkins  
9188 E. 107th Drive  
Adams County - Henderson  
Colorado 80240  
720-525-8699

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Lieutenant Ara Kimbrough  
 Street Address 1730 S. Easton Rd.  
 County, City Doylestown  
 State & Zip Code Pennsylvania 18901

Defendant No. 2

Name Bucks County Jail  
 Street Address 1730 S. Easton Rd.  
 County, City Doylestown  
 State & Zip Code PA. 18901

Defendant No. 3

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)
- Federal Questions       Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

U.S. Constitution - 8th Amendment - Cruel and unusual punishment. Violation of Rights to medical care, inescapable forced solitary confinement, destruction of legal work, inhumane transport for a misdemeanor offense, unsanitary conditions causing permanent injury to plaintiff

- C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Colorado

Defendant(s) state(s) of citizenship Pennsylvania

**III. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? At the Bucks County Jail

B. What date and approximate time did the events giving rise to your claim(s) occur? From approximately June of 2019 - September 2019

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

C. Facts: Plaintiff was Transferred from Colorado Det Bus for a misdemeanor offense. It took a week to process. Defendant Kimbrough took Plaintiff's legal paper work upon entrance to facility. Plaintiff will put up \$1000 bailment due to only making complaints - by Kimbrough. Plaintiff got a severe infection while at this facility which they refused to treat. As a result of this non treatment, Plaintiff is facially disfigured permanently. An infection resulted from extreme unsanitary conditions in the facility. Plaintiff was forced to be placed in solitary confinement due to legitimate complaints. She was easily found innocent by a hearing officer. In spite of being found guilty, but Kimbrough kept Plaintiff locked up in solitary confinement. When Plaintiff was finally released just Kimbrough would not release any of her legal papers, keys or possessions and threw them away. Plaintiff had to be hospitalized when she arrived in Colorado. She has permanent injuries as a result of this untreated infection at this facility.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Plaintiff got a Severe infection which was not treated appropriately. As a result she has sustained Permanent Facial Scarring from this infection. She had to be hospitalized when she got back to Colorado.

This infection came from the filthy conditions in this facility.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Plaintiff is asking the Court for monetary damages for medical neglect, living in an unsanitary facility, unusual pain and suffering and punishment for making complaints and throwing legal papers out of my cell. Plaintiff is asking for \$500,000.00 for Permanent damage to face and destruction of my legal property as well as medical neglect and cruel and unusual punishment by this Lieutenant and this Facility.

As well as inhumane transport across The Country for a Misdemeanor offense.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 30 day of August, 2021.

Signature of Plaintiff Vivian Coleykins

Mailing Address 9188 E. 107th Drive  
Henderson CO 80640

Telephone Number 720-525-8299

Fax Number (if you have one)

E-mail Address VivianColeykins4@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Vivian Coleykins

Inmate Number \_\_\_\_\_

## UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No.

(to be filled in by the Clerk's Office)

Wivian A. Caskins

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.  
 If the names of all the plaintiffs cannot fit in the space above,  
 please write "see attached" in the space and attach an additional  
 page with the full list of names.)

-v-

Ara Kimbrough (Lieutenant)Bucks County Jail

Defendant(s)

(Write the full name of each defendant who is being sued. If the  
 names of all the defendants cannot fit in the space above, please  
 write "see attached" in the space and attach an additional page  
 with the full list of names. Do not include addresses here.)

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## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which  
you have been known:

ID Number

Current Institution

Address

*Dixie Caulkins*

~~2855 Kestrel St.~~  
~~Denver CO 80224~~  
 City State Zip Code  
~~9188 E. 107<sup>th</sup> Drive~~  
~~Henderson CO 80640~~

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (*if known*)

Shield Number

Employer

Address

*hist. Ara Kimbrough (Bucks County Jail)  
 Lieutenant at Facility  
 unknown  
 Bucks County Jail  
 1730 S. Easton Rd.  
 Doylestown PA 18901*

Individual capacity  Official capacity

Defendant No. 2

Name

Job or Title (*if known*)

Shield Number

Employer

Address

*Bucks County Jail,  
 Correctional Facility*

*1730 S. Easton Rd.  
 Doylestown PA 18901*

Individual capacity  Official capacity

## Defendant No. 3

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

 Individual capacity     Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

 Individual capacity     Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*): Federal officials (a *Bivens* claim) State or local officials (a § 1983 claim)

## B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

*8th Amendment Violations to Cruel and Unusual Punishment*  
*Violation of my rights to be treated for infection*  
*which was caused, put in Solitary Confinement and*  
*Throwing all of my legal paperwork away, inhuman transport*

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

*8th Amendment rights. Refusal to treat for infection*  
*which Plaintiff received due to unsanitary living conditions*  
*in the facility. forced Solitary confinement for no reason*  
*and throwing away my legal paperwork, inhuman*  
*transport*

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

*Hurt Kimbrough put Plaintiff in solitary confinement due to legitimate complaints against facility. Plaintiff received a severe infection from unsanitary facility which they refused to treat. All of Plaintiff's legal papers were also thrown out by Hurt Kimbrough's orders.*

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- Pretrial detainee  
 Civilly committed detainee  
 Immigration detainee  
 Convicted and sentenced state prisoner  
 Convicted and sentenced federal prisoner  
 Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*Plaintiff was forced to be put in solitary confinement due to legitimate complaints she made. She received an infection as a result. No treatment was performed. She still lives with the aftermath of this infection. Hurt Kimbrough gave orders to throw all of her legal paperwork away.*

C. What date and approximate time did the events giving rise to your claim(s) occur?

These events took place Between,  
June to Sept. 2019.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Off. Kembrough put me in Solitary Confinement  
for no reason other than that I was making complaints  
I got a very bad infection which made hospitalization  
and still suffering the consequences from not being  
properly treated. Kembrough also threw all of my legal  
paperwork away pertaining to my Case! Inhumane  
Transport to PA for a misdemeanor crime.

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I now have permanent scars and inflammation  
on the top part of my nose. My nose is permanently  
inflamed. This was due to unclean living  
conditions within the facility. 2 years later there  
is no difference in the appearance. It can not be  
resolved. All of my paperwork was thrown away  
by Off. Kembrough on orders.

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want Monetary damages for medical neglect.  
Living in an unsanitary facility, unusual  
punishment for making complaints and throwing  
legal paperwork away. I am asking for  
\$500,000.00 for permanent damage  
to face and obstruction of my  
legal property, as well as medical neglect  
and as well as cruel and unusual punishment.  
By this Lieutenant and this facility also  
inhumane Transport across Country

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*Bucks County Jail*

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

*At the correction facility. I filed several complaints which were ignored.*

2. What did you claim in your grievance?

*Unjust confinement by Kimbrough, neglect of infection in the facility, refused to treat my legal papers was thrown when I left, also unsanitary living conditions*

3. What was the result, if any?

*Was continuously ignored.*

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

*I continued to file grievances. I wrote to the Warden who finally get me out of confinement after spending a month in Solitary confinement. I was found innocent at a hearing but continued to be locked up under Lieutenant Kimbrough's orders.*

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I filed many grievances

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I was brought from Colorado by a private transport Co that took over a week to get me there for a Misdemeanor Crime. The conditions in this facility are filthy. I have a permanent facial disfigurement as a result.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes  
 No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  
 No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_  
Defendant(s) \_\_\_\_\_

2. Court (*if federal court, name the district; if state court, name the county and State*)  
\_\_\_\_\_

3. Docket or index number  
\_\_\_\_\_

4. Name of Judge assigned to your case  
\_\_\_\_\_

5. Approximate date of filing lawsuit  
\_\_\_\_\_

6. Is the case still pending?

Yes  
 No

If no, give the approximate date of disposition.  
\_\_\_\_\_

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)  
\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?  
\_\_\_\_\_

Yes No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (*if federal court, name the district; if state court, name the county and State*)  
\_\_\_\_\_

3. Docket or index number  
\_\_\_\_\_

4. Name of Judge assigned to your case  
\_\_\_\_\_

5. Approximate date of filing lawsuit  
\_\_\_\_\_

6. Is the case still pending?

 Yes No

If no, give the approximate date of disposition  
\_\_\_\_\_

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)  
\_\_\_\_\_

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: August 30, 2021

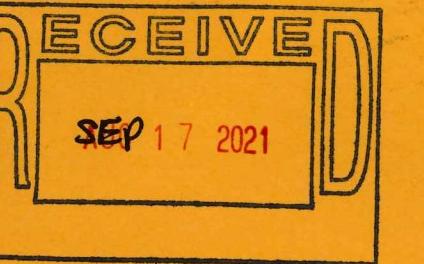
Signature of Plaintiff Vivian Calkins  
Printed Name of Plaintiff Vivian Calkins  
Prison Identification # Unknown  
Prison Address 1730 S. Easton Rd.  
Dalestoen PA 18901  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_  
Printed Name of Attorney \_\_\_\_\_  
Bar Number \_\_\_\_\_  
Name of Law Firm \_\_\_\_\_  
Address \_\_\_\_\_  
  
City State Zip Code  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

*Susan Lassens*  
9188 E. 107<sup>th</sup> Drive  
Henderson CO 80240



Denver, CO P&DC 802-ZIP

TUE 14 SEP 2021 AM



James A. Byrne U.S. Courthouse  
601 Market Street  
Phila, PA. 19106

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